

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. FILING DATE

APPLICANT(S) **09/744123**

116704 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT									
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1		1				51							
2		1		1			52							
3		2		2			53							
4		2		2			54							
5		1		1			55							
6		1		1			56							
7		1		1			57							
8		1		1			58							
9	1		1				59							
10		1		1			60							
11		1		1			61							
12		1		1			62							
13		1		1			63							
14		1		1			64							
15							65							
16							66							
17							67							
18							68							
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39							89							
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	2		2				TOTAL IND.							
TOTAL DEP.		2		2			TOTAL DEP.							
TOTAL CLAIMS	2	2	2	2			TOTAL CLAIMS							

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